

Foster Family Home - Corrective Action Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

Review ID: 1-574625-8

2646 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 7/8/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date